

NASA Academy of Program and Project Leadership (APPL) and NASA Engineering Training (NET) Participant Nomination Form

Please check the program name and insert the session number for this nomination (refer to the current Agency-wide Schedule) APPL Programs **NET Programs** Advanced Project Management APM Aeronautics Manufacturing A-MANU Construction of Facilities Mgmt CoF DA Design for Assembly CoF Best Practices CBP Designing World Class Processes **DWP Grant Writing Seminar GWS** Earth Science ES Introductory Environmental Mgmt Plan Human Expl. & Development of Space **HEDS IEMP** International Project Management **IPM** Introduction to Aeronautics **I-AERO** Program Management Introduction to CMMI/CMM **PGM** I-CMMI Intermediate CMMI **Project Management** PM Int-CMMI **PMSEP** Manufacturing Systems & Processes MANU PM-Shared Experiences Systems Management Mars Design MARS SM Mastering Process Improvement MPI Technology Transfer **NDE NET Design Exercise** Mission Support Programs O-CMMI Overview of CMMI/CMM Energy Efficiency & Water Conservation **EEWC** SLTS Space Launch/Transport Systems Real Property SS Space Science Reliability-Centered Building/Equipment RCB&E REQ System Requirements ΤE Topics in Engineering NOTE: PROGRAM / PROJECT MANAGEMENT DEVELOPMENT Verification, Validation & Test of Systems VV&T PROCESS (PMDP) PARTICIPANTS ARE GIVEN PRIORITY. Date enrolled in PMDP: PMDP Level (if applicable): Please Complete ALL of the Following Participant Information First Name: Last Name: Middle Initial: Mr. Ms. Dr I am: NASA Civil Service NASA Contractor Name to be used on name tag: FAX: Phone: Nominee's E-Mail: Supervisor's E-Mail: Administrative Officer's E-Mail: Functional Position Title (i.e., Chief, XYZ Branch): Grade: Project Name: Mail Stop: Center or Organization: Street Address: City: State: Zip Code: Male Female USA Other: Gender: Citizenship: Date of Birth: B.S./B.A. Masters Ph.D. Other: Degree Level: Years of PM Experience: Special Dietary, Medical, Physical or other requirements: SIGNATURE APPROVALS This form must be signed, dated and forwarded to Date: Nominee's Signature: CD20/Georgann Freeman/Employee and Orgaizational **Development Department** Date: Supervisor's Signature: Questions? Please call Georgann Freeman at 544-6525. You may also visit our web site at: Training Officer's Signature: Date: http://appl.nasa.gov